## 2014 008357

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MICHAEL B. BROWN RECORDER

Rei	turn	То	•
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## Return To: Hodges & Davis, P.C. 8700 Broadway, Merrillville, IN 46410 SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	RYAN EDWARD HARRIS		
Pat:ient:		Attorney:	
	2312 POINT WEST DR #3A FORT WAYNE, IN. 46808		
Recorder o	f Lake County, Indiana	Indiana Department of Insurance	
Lake Count	y Government Center Main Street	311 W. Washington Street	
Crown Poin	t, Indiana 46307	Suite 300	
		Indianapolis, Indiana 46204	
You IN 46402, hospital ca	are, treatment or maintena	HE METHODIST HOSPITALS, INC., 600 Grant Street l Lien for all reasonable and necessary char nce of the above listed patient as follows:	Gary,
1. and was dis	The patient was admitted scharged from the hospital	to the hospital on January 3 2014	
. /	The amount due family	on January 4 2014	
abowe hosp: (\$ <b>2,87</b>	2 13 This amount is	and Eight Hundred Seventy Two & 43/100	
patient is	entitled under the terms	of any contract, health plan, or medical instruct adjustments	ich the
and credits			urance,
Jegal repr	To the best of the Hospit	al's knowledge, the patient or the patient's	neilt.
liable for			ies are
stay:	Jan and Troit Cite	patient's illness or injury causing the ho	ospital
Thic	Tion is here.		
the Office	of the Recorder of the Ga	nt to the Hospital Lien Law, I.C. Section 32-3	33-4 in
(90)days af	fter the patient was disch	argod from the Hospital is located, within	ninety
executing	this instrument, having h	oon duly the Hospital. The undersigned indi	ividual
perjury, he	ereby states that the Hosp	ital intends to hold the Hospital Lien as des	ies of
above and t	that the facts and matter	s set forth in the foregoing statement are tr	3Cribed
correct.			ue and
		THE METHODIST HOSPITALS, INC.	
	. (	1) BY: MAN MA O O	
STATE OF IN		DIAN HALL	
COUNTY OF L	) ss:	WOIANA THE	
0002,111 01 11	AKE )		
	AN HALL , being a Patier	t Representative for The Methodist Hospitals,	**
corrugt	sworn upon oath, says the	the facts stated in the foregoing are true	Inc.,
COLLECC.			uc and
	(:		
Subsci	ribed and sworn to before m	DIAN HALL day of DIAN HALL	
Januar		day of	
My Commission	on Evniroa.	Sura Mi Stone	
		A Poridad S Notary Public	
March	24, 2019	A Resident of Name County	
I affirm. n	nder the populting for		
each social	security number in this do	rjury, that I have taken reasonable care to :	redact
	ment Prepared By:	law.	
j		F. Hites, Attorney at Law	
AMOUNT &	8700 E	roadway, Merrillville, IN 46410	
CACH CHAR	IQE		
OVERAGE	30	problems and the results be an old the control of t	
CUDA	E	Official Seal LISA M. STONE	
NON-COM	2 account of the Machine Security 2010 (deep	Resident of Lake County IN My commission expires	
O' EDV	0.0/	March 24, 2019	

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C! EPK